

NOTIFICATION OF DEMOLITION AND RENOVATION

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Renovation			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.			
Variance			
XII. WASTE TRANSPORTER #1			
Name : WRS, Inc.			
address: 17 Old Dock Road			
City: Yaphank	State: NY	Zip: 11980	
Contact:		Tel: 631 924 8111	
WASTE TRANSPORTER #2			
Name :			
address:			
City:	State:	Zip:	
Contact:		Tel:	
XIII. WASTE DISPOSAL SITE			
Name : Minerva Landfill			
address: 9000 Minerva Road			
City: Waynesburg	State: OH	Zip: 44688	
Tel: 330 866 3435			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name :		Title:	
Authority:			
Date of Order(MM/DD/YY) :		Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY) :			
Description of the Sudden, Unexpected Events :			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.			
Stop And Re-Clean			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
		Signature of Owner/Operator	Date
		Signature of Owner/Operator	Date
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
		Signature of Owner/Operator	Date

JUL - 1 2016

ACB Gillman

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark #	Date Received	Notification #		
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled): Original Revised					
II. FACILITY INFORMATION (Identify Owner, removal contractor, and other operator)					
OWNER NAME : Con Edison Co. of NY, Inc.					
address: 4 Irving Place					
City: New York	State: NY	Zip: 10003-3502			
Contact: William Morrison		Tel: 212 /46 01132			
REMOVAL CONTRACTOR: Delta Environmental, Inc.					
Address: 71 Green Street					
City: Brooklyn	State: NY	Zip: 11222			
Contact: Garbacz, Henryk		Tel: 718 302 4605			
OTHER OPERATOR:					
address:					
City:	State:	Zip:			
Contact:		Tel:			
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation): R					
IV. IS ASBESTOS PRESENT? (Yes / No) Y					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Bldg Name: Albert Road					
Address: Albert Road b/t Huron & Tahoe St					
City: Queens	State: NY	County: Queens			
Site Location: Albert Road					
Building Size: 1	# of Floors:	Age in Years: 0			
Present Use: Excavation	Prior Use: Street				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL : Assumed					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be removed					
2. Category I ACM Not Removed					
3. Category II ACM Not Removed					
	RACM To Be Removed	Cat I	Cat II	UNIT	
Pipes	2020 1,900	0	0	LnFt: <input checked="" type="checkbox"/>	Ln m:
Surface Area	0	0	0	SqFt: <input checked="" type="checkbox"/>	Sq m:
Vol RACM off Facility Component	0	0	0	CuFt: <input checked="" type="checkbox"/>	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		06/13/2016		Complete: 12/01/2016	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

NOTIFICATION OF DEMOLITION AND RENOVATION

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Removal of transite ducts			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
NYCDEP Variance Procedure			
XII. WASTE TRANSPORTER #1			
Name : Asbestos Transp. Company, Inc			
address: 2 Moriches Middle Island Road			
City: Shirley	State: NY	Zip: 11967	
Contact: Smith, Ken		Tel: 631 924 5050	
WASTE TRANSPORTER #2			
Name :			
address:			
City:	State:	Zip:	
Contact:		Tel:	
XIII. WASTE DISPOSAL SITE			
Name : Minerva Landfill			
address: 9000 Minerva Road			
City: Waynesburg	State: OH	Zip: 44688	
Tel: 330 866 3435			
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Description of the Sudden, Unexpected Events :			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
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Assume and remove			
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		Signature of Owner/Operator	Date
		5/24/2016	
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
		Signature of Owner/Operator	Date
		5/24/2016	